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FILE 'HOME' ENTERED AT 12:55:02 ON 19 OCT 2005

=> file medline
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FULL ESTIMATED COST                                         0.21       0.21

FILE 'MEDLINE' ENTERED AT 12:55:12 ON 19 OCT 2005

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    http://www.nlm.nih.gov/mesh/
    http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html

 OLDMEDLINE now back to 1950.

 MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
 MeSH 2005 vocabulary.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

=> s mizoribine (L) indanocine
           254 MIZORIBINE
             3 INDANOCINE
L1           0 MIZORIBINE (L) INDANOCINE

=> s (mizoribine or  mycophenolate or  tiazofurin or  viramidine or  ribivarin) (L)
(indanocine or indanrorine or vincristine or vinblastine or vinorelbine or
combretastatin or colchicine)
           254 MIZORIBINE
          3485 MYCOPHENOLATE
           317 TIAZOFURIN
            16 VIRAMIDINE
             0 RIBIVARIN
             3 INDANOCINE
             0 INDANRORINE
         19638 VINCRISTINE
         11494 VINBLASTINE
          1722 VINORELBINE
           245 COMBRETASTATIN
         14353 COLCHICINE
L2          14 (MIZORIBINE OR  MYCOPHENOLATE OR  TIAZOFURIN OR  VIRAMIDINE OR
               RIBIVARIN) (L) (INDANOCINE OR INDANRORINE OR VINCRISTINE OR
               VINBLASTINE OR VINORELBINE OR COMBRETASTATIN OR COLCHICINE)

=> d 10-14 bib abs

L2   ANSWER 10 OF 14     MEDLINE on STN
AN   96051634     MEDLINE
DN   PubMed ID: 7499107
TI   Adenocarcinoma of unknown primary: retrospective analysis of
```

chemosensitivity of 313 freshly explanted tumors in a tumor cloning system.
AU Hanauske A R; Clark G M; Von Hoff D D
CS I. Department of Medicine, Klinikum rechts der Isar der Technischen Universitat Munchen, FRG.
SO Investigational new drugs, (1995) 13 (1) 43-9.
Journal code: 8309330. ISSN: 0167-6997.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199601
ED Entered STN: 19960217
Last Updated on STN: 19960217
Entered Medline: 19960118
AB Cancer of unknown primary origin is the eighth most common form of malignancy and accounts for up to 10% of all neoplasms diagnosed. It is a set of heterogenous tumors with widely varying sensitivity to systemic chemotherapy. Over the past years progress has been made in identifying subsets of patients that can be effectively treated with chemotherapy and may achieve long-term survival even with metastatic disease. However, the large majority of cancers of unknown origin still is resistant to chemotherapy. In an attempt to identify conventional and investigational new agents with possible activity against cancers of unknown primary, we have retrospectively analyzed the results of chemosensitivity testing in a soft agar cloning system in vitro and have compared these data with published clinical trials. Between 1978 and 1993, a total of 19584 tumor specimens were studied using a variety of investigational or established antitumor agents. Of these, 615 (3.1%) were tumors of unknown origin and confirmed on pathology review. The largest histologic subgroup was adenocarcinoma (332, 54%). Sufficient numbers of cells for in vitro testing were obtained from 313 tumor specimens (94.3%). Of 278 agents tested in adenocarcinoma of unknown origin, borderline activity (< 20% in vitro response) was noted for 5-FU, doxorubicin, bleomycin, mitoxantrone, mitomycin-C, cisplatin, and etoposide. In vitro response rates of > or = 20% were observed for actinomycin-D, BCNU, melphalan, methotrexate, taxol, and **vinblastine**. In addition, several investigational agents including fludarabine, amira235, bisantrene, Dupont840, echinomycin, **tiazofurin**, LY104208 (vinzolidine), intoplicine, and topotecan had activity.(ABSTRACT TRUNCATED AT 250 WORDS)

L2 ANSWER 11 OF 14 MEDLINE on STN
AN 93367916 MEDLINE
DN PubMed ID: 8360992
TI Effectiveness of dapsone on refractory immune thrombocytopenia in a patient with systemic lupus erythematosus associated with sarcoidosis.
AU Park Y H; Sunamoto M; Miyoshi T; Konaka Y
CS Department of Internal Medicine, Kitano Hospital.
SO [Rinsho ketsueki] Japanese journal of clinical hematology, (1993 Jul) 34 (7) 870-5. Ref: 15
Journal code: 2984782R. ISSN: 0485-1439.
CY Japan
DT (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW OF REPORTED CASES)
LA Japanese
FS Priority Journals
EM 199309
ED Entered STN: 19931015
Last Updated on STN: 19931015
Entered Medline: 19930928
AB A 57-year-old man was admitted with massive nasal bleeding and blurred vision in January, 1991. Laboratory examination showed a prominent decrease of platelet number (1,000/microliters) and a marked elevation of

PAIgG (4,025 ng/10(7) cells). Serological test revealed positive antinuclear factor, low concentration of C3 and C4, high level of immune complex and polyclonal hypergammaglobulinemia. The patient had uveitis and bilateral hilar lymphadenopathy with a high level of serum lysozyme and negative PPD skin test. The diagnosis of SLE complicated with thrombocytopenia and sarcoidosis was made. In spite of the various trials of treatment, such as oral prednisolone (PSL), methyl-PSL pulse therapy, plasma exchange, high-dose intravenous gammaglobulin, cyclophosphamide, azathioprine, **vincristine**, **colchicine**, cyclosporine-A, **mizoribine**, danazol, ascorbic acid and interferon alpha 2b, the platelet number could not be raised enough to keep more than 10,000/microliters, though the level of PAIgG decreased to 200 ng/10(7) cells. Finally, the administration of 75 mg/day of dapsone brought about a significant rise in platelet number within 2 weeks. The maximum number of 6.2 x 10(4)/microliters was obtained after 2 months. Then the patient stopped himself to take the drug, but the platelet number remained around 4-5 x 10(4)/microliters. Same dose of the drug was again prescribed to confirm the effect of dapsone. The platelet number increased to 7.9 x 10(4)/microliters in 2 weeks, and gradually returned to 5 x 10(4)/microliters after cessation of the drug. Thus being certainly effective against thrombocytopenia, dapsone should be considered as one of the therapeutic choice for refractory autoimmune thrombocytopenia.

L2 ANSWER 12 OF 14 MEDLINE on STN
AN 93167247 MEDLINE
DN PubMed ID: 1288292
TI Adult T-cell leukemia developing during immunosuppressive treatment in a renal transplant recipient.
AU Tsurumi H; Tani K; Tsuruta T; Shirato R; Matsudaira T; Tojo A; Wada C; Uchida H; Ozawa K; Asano S
CS Department of Hematology/Oncology, University of Tokyo, Japan.
SO American journal of hematology, (1992 Dec) 41 (4) 292-4.
Journal code: 7610369. ISSN: 0361-8609.
CY United States
DT (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199303
ED Entered STN: 19930402
Last Updated on STN: 19930402
Entered Medline: 19930315
AB We report a case of a 32-year-old male, an asymptomatic carrier of human T-cell leukemia virus type 1 (HTLV-1), who underwent a renal transplantation and developed adult T-cell leukemia (ATL) during the course of posttransplant immunosuppressive treatment. He was treated with combination chemotherapies consisting of cyclophosphamide, **vincristine**, doxorubicin, prednisolone, cisplatin, cytosine arabinoside, etoposide, and methyl-prednisolone, without any improvement. Bestrabucil (KM2210), a conjugate of chlorambucil and estradiol, was administered as an alternative therapy; this therapy successfully suppressed his leukemic cell growth, and partial remission was achieved. Posttransplant immunosuppressive therapy with prednisolone, **mizoribine**, and cyclosporin A might have been the predominant cause of the transition from an asymptomatic HTLV-1 infection to overt ATL. A careful approach is required with HTLV-1 asymptomatic carriers who need organ transplantation followed by immunosuppressive treatment.

L2 ANSWER 13 OF 14 MEDLINE on STN
AN 89087956 MEDLINE
DN PubMed ID: 3207599
TI Cross resistance pattern towards anticancer drugs of a human carcinoma multidrug-resistant cell line.
AU Gupta R S; Murray W; Gupta R
CS Department of Biochemistry, McMaster University, Hamilton, Canada.

SO British journal of cancer, (1988 Oct) 58 (4) 441-7.
Journal code: 0370635. ISSN: 0007-0920.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198902
ED Entered STN: 19900308
Last Updated on STN: 19970203
Entered Medline: 19890217
AB Puromycin-resistant (PurR) mutants/variants of a human carcinoma cell line (HeLa), which show greatly reduced cellular uptake of 3H-puromycin and 3H-daunomycin have been isolated after one- and two-step selections in presence of the drug. The cross-resistance pattern of these mutant cell lines towards numerous anticancer drugs and other inhibitors has been examined. Both the first- and the second-step mutants exhibited increased resistance to a number of antimitotic drugs (viz. **vinblastine**, **vincristine**, **colchicine**, taxol and maytansine), several protein synthesis inhibitors (viz. chalcomycin, bruceantin, harringtonine, homoharringtonine), a large number of DNA interactive compounds (viz. aclacinomycin A, actinomycin D, adriamycin, m-AMSA, chromomycin A3, coralyne sulphoacetate, daunomycin, ellipticine, mithramycin, mitoxantrone, 5-methoxysterigmatocystin, rubidazone, variamycin, VM26 and VP16-213) and a number of other drugs acting via other mechanisms (viz. Baker's antifol, nitidine chloride and rhodamine 123). Whereas the first-step mutants showed stable resistance to these drugs, the second-step lines partially reverted upon growth in non-selective medium. Further, treatment of these mutant lines with non-cytotoxic doses of the calcium channel blocker verapamil reverted or abolished their resistance to the above drugs in a dose-dependent manner. In contrast to the above compounds, the PurR mutants showed no significant cross-resistance to a large number of other drugs which included asaley, AT-125, 5-azacytidine, azaserine, cyclocytidine, cis-platin, cytosine arabinoside, chlorambucil, chlorpromazine, alpha-difluoromethyl ornithine, 5-fluorouracil, ftorafur, gallium nitrate, hydroxyurea, ICRF-159, ICRF-187, imipramine, methotraxate, 6-methylmercaptopurine riboside, mycophenolic acid, melphalan, mitomycin C, methyl GAG, nafoxidine, reumycin, 6-selenoguanosine, 6-thioguanine, **tiazofurin**, tamoxifen, thalicarpine, tiapamil and verapamil). These cross-resistance data should prove useful in developing suitable drug combinations to which cellular resistance would not develop readily.

L2 ANSWER 14 OF 14 MEDLINE on STN
AN 85228075 MEDLINE
DN PubMed ID: 2860971
TI Cross-resistance of vinblastine- and taxol-resistant mutants of Chinese hamster ovary cells to other anticancer drugs.
AU Gupta R S
SO Cancer treatment reports, (1985 May) 69 (5) 515-21.
Journal code: 7607107. ISSN: 0361-5960.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198508
ED Entered STN: 19900320
Last Updated on STN: 19950206
Entered Medline: 19850801
AB Stable mutants resistant to the anticancer drug **vinblastine** (VinR mutants) have been isolated after a single selection step from Chinese hamster ovary cells. Of the two types of VinR mutants which are obtained, one class exhibits specific cross-resistance to only some of the microtubule inhibitors. However, the second type of mutants, which is affected in membrane permeability, exhibits cross-resistance to a wide variety of unrelated compounds. Both classes of VinR mutants showed

codominant expression in cell hybrids formed between resistant and sensitive cells. The cross-resistance patterns of the VinR mutants and a single-step mutant resistant to the anticancer drug taxol (TaxR mutant) toward various anticancer drugs have been determined. The mutants resistant to both of these drugs showed significantly increased resistance toward aclarubicin, dactinomycin, doxorubicin, bisantrene, bruceantin, chromomycin A3, demecolcine, **colchicine**, daunorubicin, ellipticine, emetine, ethidium bromide, maytansine, mithramycin, mitoxantrone, nitidine chloride, olivomycin, podophyllotoxin, puromycin, taxol, **vinblastine**, **vincristine**, vindesine, teniposide, and etoposide. Interestingly, either one or both of the above mutants exhibited somewhat enhanced sensitivity toward vidarabine, acivicin, bleomycin, cisplatin, cytarabine, alpha-difluoromethyl-ornithine, 5-FU, tegafur, and **tiazofurin**. For a number of other anticancer drugs which were examined (chlorambucil, mitolactol, IMPY, hexamethylmelamine, hydroxyurea, diglycoaldehyde, methotrexate, mitoguazone, mitomycin, nocodazole, and 6-thioguanine), the level of resistance of these mutants was found to be unaltered. The information regarding cross-resistance and collateral sensitivity patterns of VinR and TaxR mutants should prove to be very useful in the design of drug combinations which could prove more effective in cancer chemotherapy.

=> d 5-9 bib abs

L2 ANSWER 5 OF 14 MEDLINE on STN
AN 2004227191 MEDLINE
DN PubMed ID: 14689236
TI Remission induced by Campath-1H for thymoma-associated agranulocytosis.
AU Alvares C L; Svasti-Salee D; Rowley M; Gordon-Smith E C; Marsh J C W
CS Department of Haematology, St George's Hospital Medical School, Cranmer Terrace, London, SW17 ORE, UK.
SO Annals of hematology, (2004 Jun) 83 (6) 398-400. Electronic Publication: 2003-12-19.
Journal code: 9107334. ISSN: 0939-5555.
CY Germany: Germany, Federal Republic of
DT (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200407
ED Entered STN: 20040506
Last Updated on STN: 20040714
Entered Medline: 20040713
AB Thymoma-associated agranulocytosis is a rare but almost universally fatal condition. Reports to date have described several immunosuppressive therapies including steroids, cyclophosphamide and **vincristine** as adjuvants to thymectomy, in an effort to improve neutropenia. We report the response to the monoclonal antibody Campath-1H of a patient with a thymoma and associated agranulocytosis with complete absence of bone marrow granulocyte precursors, which had failed to respond to thymectomy. Treatment with Campath-1H resulted in complete responses of promising durability sustained with the addition of cyclosporin and **mycophenolate** mofetil as maintenance therapy.

L2 ANSWER 6 OF 14 MEDLINE on STN
AN 2004048259 MEDLINE
DN PubMed ID: 14749985
TI Improvement of Erdheim-Chester disease in two patients by sequential treatment with **vinblastine** and **mycophenolate** mofetil.
AU Jendro Michael C; Zeidler Henning; Rosenthal Herbert; Haller Hermann; Schwarz Anke
CS Department of Rheumatology, Medical School Hannover, Hannover, Germany.. michael.jendro@uniklinik-saarland.de
SO Clinical rheumatology, (2004 Feb) 23 (1) 52-6. Electronic Publication:

2003-11-07.
Journal code: 8211469. ISSN: 0770-3198.
CY Belgium
DT (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200405
ED Entered STN: 20040130
Last Updated on STN: 20040520
Entered Medline: 20040519
AB Erdheim-Chester disease (ECD) is a rare non-Langerhans' form of histiocytosis with a plethora of different clinical manifestations owing to multiple organ involvement. We report two patients who presented initially with different clinical symptoms. The presenting complaint of the first patient was bone pain, predominantly in the legs, whereas in the other patient the initial symptoms were related to obstruction of both ureters, as in idiopathic retroperitoneal fibrosis. Ultimately, ECD was diagnosed in both patients by the occurrence of both pathognomonic manifestations, the histologic presence of non-Langerhans' histiocytes in bone biopsies, and osteosclerotic lesions of the long bones. Because the extraosseous manifestations progressed and a single application of corticosteroids was ineffective, sequential treatment with **vinblastine** and **mycophenolate** mofetil, together with prednisolone, was started. At follow-up respectively 15 and 16 months after the start of treatment a beneficial effect was noted in both patients. These cases illustrate the clinical spectrum of ECD, detail the pathognomonic manifestations of this rare disease, emphasize the need to consider ECD as an uncommon but important differential diagnosis in patients with arthralgias or systemic fibrosis, and give the first evidence for a new treatment option.

L2 ANSWER 7 OF 14 MEDLINE on STN
AN 2002240603 MEDLINE
DN PubMed ID: 11978136
TI Clinical management of pyoderma gangrenosum.
AU Wollina Uwe
CS Department of Dermatology, Hospital Dresden-Friedrichstadt, PO Box 120906, 01008 Dresden, Germany.. Wollina-Uw@khdf.de
SO American journal of clinical dermatology, (2002) 3 (3) 149-58. Ref: 78
Journal code: 100895290. ISSN: 1175-0561.
CY New Zealand
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 200206
ED Entered STN: 20020430
Last Updated on STN: 20020614
Entered Medline: 20020613
AB Pyoderma gangrenosum is a noninfectious neutrophilic dermatosis that usually starts with sterile pustules which rapidly progress to painful ulcers of variable depth and size with undermined violaceous borders. In 17 to 74% of cases, pyoderma gangrenosum is associated with an underlying disease, most commonly inflammatory bowel disease, rheumatological or hematological disease or malignancy. Diagnosis of pyoderma gangrenosum is based on a history of an underlying disease, typical clinical presentation and histopathology, and exclusion of other diseases that would lead to a similar appearance. Randomized, double-blinded prospective multicenter trials investigating the treatment of pyoderma gangrenosum are not available. The treatments with the best clinical evidence are systemic corticosteroids (in the initial phase usually 100 to 200 mg/day) and cyclosporine (mainly as a maintenance treatment). Combinations of corticosteroids with cytotoxic drugs such as azathioprine,

cyclophosphamide or chlorambucil are used in patients with disease that is resistant to corticosteroids. The combination of corticosteroids with sulfa drugs, such as dapsone, or clofazimine, minocycline and thalidomide, has been used as a corticosteroid-sparing alternative. Limited experience has been documented with methotrexate, **colchicine**, nicotine, and **mycophenolate** mofetil, among other drugs. Alternative treatments include local application of granulocyte-macrophage colony-stimulating factor, intravenous immunoglobulins and plasmapheresis. Skin transplants (split-skin grafts or autologous keratinocyte grafts) and the application of bioengineered skin is useful in selected cases in conjunction with immunosuppression. Topical therapy with modern wound dressings is useful to minimize pain and the high risk of secondary infection. The application of topical antibacterials cannot be recommended because of their potential to sensitize and their questionable efficacy, but systemic antibacterial therapy is mandatory when infection is present. Despite recent advances in therapy, the prognosis of pyoderma gangrenosum remains unpredictable.

L2 ANSWER 8 OF 14 MEDLINE on STN
AN 2002048917 MEDLINE
DN PubMed ID: 11772251
TI Novel therapies in vasculitis.
AU Thomas-Golbanov C; Sridharan S
CS Department of Rheumatologic and Immunologic Diseases, The Cleveland Clinic Foundation, 9500 Euclid Avenue, Cleveland, OH 44195, USA.
SO Expert opinion on investigational drugs, (2001 Jul) 10 (7) 1279-89. Ref: 118
Journal code: 9434197. ISSN: 1354-3784.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 200203
ED Entered STN: 20020125
Last Updated on STN: 20020312
Entered Medline: 20020311
AB The vasculitides comprise various clinical and pathological entities which pose a therapeutic challenge in terms of disease control versus drug toxicity. Glucocorticoids are important in most regimens; duration of exposure and dosages can be minimised by the use of cytotoxic drugs and transplant immunosuppressives such as cyclosporin, tacrolimus and **mycophenolate** mofetil. Among alkylating agents, cyclophosphamide has proven to be highly effective; switching to less toxic antimetabolites, typically methotrexate, for maintenance after achieving disease control is an effective strategy. Plasmapheresis may be considered when pharmacological options are maximised. IVIG infusions are of proven benefit in Kawasaki disease and possible benefit in other vasculitides. Targeting infective aetiologies is the basis of therapies such as lamivudine and vidarabine for hepatitis B associated polyarteritis nodosa as well as ribavarin and IFN-alpha for hepatitis C associated cryoglobinaemic vasculitis. IFN-alpha also has immunomodulatory effect even in non-hepatitis C-associated vasculitis. Trimethoprim-sulphamethoxazole has been used in limited Wegener's granulomatosis. Thalidomide, **colchicine** and dapsone are miscellaneous agents that have been used in Behcet's disease and cutaneous vasculitis. Anti-lymphocytic monoclonal antibodies have been employed for induction therapy in Wegener's granulomatosis. The tumour necrosis factor inhibitor etanercept is just being explored as a therapeutic agent. Bone marrow and stem cell transplantation may find a role in refractory disease.

L2 ANSWER 9 OF 14 MEDLINE on STN
AN 2001380788 MEDLINE
DN PubMed ID: 11437673

TI Potential new therapeutic options in Behcet's syndrome.
AU Russell A I; Lawson W A; Haskard D O
CS Rheumatology Unit, Imperial College School of Medicine, Hammersmith Hospitals NHS Trust, London, England.
SO BioDrugs : clinical immunotherapeutics, biopharmaceuticals and gene therapy, (2001) 15 (1) 25-35.
    Journal code: 9705305. ISSN: 1173-8804.
CY New Zealand
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200109
ED Entered STN: 20010917
    Last Updated on STN: 20010917
    Entered Medline: 20010913
AB Behcet's syndrome is a multisystem disorder that causes orogenital ulceration, skin lesions and intraocular inflammation with uveitis and retinal vasculitis. A proportion of affected individuals also develop vascular and central nervous system manifestations, with significant morbidity and mortality. Although the aetiopathogenesis of Behcet's syndrome is poorly understood, the condition is considered to be driven, at least in part, by autoimmune mechanisms. Conventional therapy relies on available anti-inflammatory and immunomodulatory agents, and, in view of the paucity of controlled clinical trials, it is to a large extent empirical. Oral ulcers can often be treated by topical application of corticosteroids. In addition to corticosteroids, agents used to treat ocular inflammation and significant systemic manifestations include **colchicine**, thalidomide, azathioprine, **mycophenolate** mofetil, cyclosporin, tacrolimus, cyclophosphamide and chlorambucil. The response to these agents is variable and there is a distinct need for more effective rational treatment. Over the last decade, a number of open studies have produced promising results using recombinant interferon-alpha preparations. Evaluating, in a methodical manner, the other new biological agents that are becoming available for the treatment of inflammatory diseases offers great promise, not only for effective management but also for providing insights into aetiopathogenesis.

=> s l2 and (cancer or tumor or malignan?)
        513258 CANCER
        615127 TUMOR
        253070 MALIGNAN?
L3   5 L2 AND (CANCER OR TUMOR OR MALIGNAN?)

=> d 1-5 bib abs

L3 ANSWER 1 OF 5   MEDLINE on STN
AN 2005417782   MEDLINE
DN PubMed ID: 16082422
TI Gateways to clinical trials.
AU Bayes M; Rabasseda X; Prous J R
CS Department of Pharmacology, Prous Science, Barcelona, Spain..
    mbayes@prous.com
SO Methods and findings in experimental and clinical pharmacology, (2005 Jun) 27 (5) 331-72.
    Journal code: 7909595. ISSN: 0379-0355.
CY Spain
DT Bibliography
LA English
FS Priority Journals
EM 200509
ED Entered STN: 20050806
    Last Updated on STN: 20050928
    Entered Medline: 20050927
AB Gateways to Clinical Trials is a guide to the most recent clinical trials

in current literature and congresses. The data in the following tables have been retrieved from the Clinical Trials Knowledge Area of Prous Science Integrity, the drug discovery and development portal, http://integrity.prous.com. This issue focuses on the following selection of drugs: Abiraterone acetate, acyline, adalimumab, adenosine triphosphate, AEE-788, AIDSVAX gp120 B/B, AK-602, alefacept, alemtuzumab, alendronic acid sodium salt, alicaforsen sodium, alprazolam, amdoxovir, AMG-162, aminolevulinic acid hydrochloride, aminolevulinic acid methyl ester, aminophylline hydrate, anakinra, anecortave acetate, anti-CTLA-4 MAb, APC-8015, aripiprazole, aspirin, atazanavir sulfate, atomoxetine hydrochloride, atorvastatin calcium, atrasentan, AVE-5883, AZD-2171; Betamethasone dipropionate, bevacizumab, bimatoprost, biphasic human insulin (prb), bortezomib, BR-A-657, BRL-55730, budesonide, busulfan; Calcipotriol, calcipotriol/betamethasone dipropionate, calcium folinate, capecitabine, capravirine, carmustine, caspofungin acetate, cefdinir, certolizumab pegol, CG-53135, chlorambucil, ciclesonide, ciclosporin, cisplatin, clofarabine, clopidogrel hydrogensulfate, clozapine, co-trimoxazole, CP-122721, creatine, CY-2301, cyclophosphamide, cypher, cytarabine, cytolin; D0401, darbepoetin alfa, darifenacin hydrobromide, DASB, desipramine hydrochloride, desloratadine, desvenlafaxine succinate, dexamethasone, didanosine, diquafosol tetrasodium, docetaxel, doxorubicin hydrochloride, drotrecogin alfa (activated), duloxetine hydrochloride, dutasteride; Ecallantide, efalizumab, efavirenz, eletriptan, emtricitabine, enfuvirtide, enoxaparin sodium, estramustine phosphate sodium, etanercept, ethinylestradiol, etonogestrel, etonogestrel/ethinylestradiol, etoposide, exenatide; Famciclovir, fampridine, febuxostat, filgrastim, fludarabine phosphate, fluocinolone acetonide, fluorouracil, fluticasone propionate, fluvastatin sodium, fondaparinux sodium; Gaboxadol, gamma-hydroxybutyrate sodium, gefitinib, gelclair, gemcitabine, gemfibrozil, glibenclamide, glyminox; Haloperidol, heparin sodium, HPV 16/HPV 18 vaccine, human insulin, human insulin; Icatibant, imatinib mesylate, indium 111 (111In) ibritumomab tiuxetan, infliximab, INKP-100, iodine (I131) tositumomab, IoGen, ipratropium bromide, ixabepilone; L-870810, lamivudine, lapatinib, laquinimod, latanoprost, levonorgestrel, licochalcone a, liposomal doxorubicin, lopinavir, lopinavir/ritonavir, lorazepam, lovastatin; Maraviroc, maribavir, matuzumab, MDL-100907, melphalan, methotrexate, methylprednisolone, mitomycin, mitoxantrone hydrochloride, MK-0431, MN-001, MRKAd5 HIV-1 gag/pol/nef, MRKAd5gag, MVA.HIVA, MVA-BN Nef, MVA-Muc1-IL-2, **mycophenolate** mofetil; Nelfinavir mesilate, nesiritide, NSC-330507; Olanzapine, olmesartan medoxomil, omalizumab, oral insulin, osanetant; PA-457, paclitaxel, paroxetine, paroxetine hydrochloride, PCK-3145, PEG-filgrastim, peginterferon alfa-2a, peginterferon alfa-2b, perillyl alcohol, pexelizumab, pimecrolimus, pitavastatin calcium, porfiromycin, prasterone, prasugrel, pravastatin sodium, prednisone, pregabalin, prinomastat, PRO-2000, propofol, prostate **cancer** vaccine; Rasagiline mesilate, rhBMP-2/ACS, rhBMP-2/BCP, rhC1, ribavirin, rilpivirine, ritonavir, rituximab, Ro-26-9228, rosuvastatin calcium, rosuvastatin sodium, rubitecan; Selodenoson, simvastatin, sirolimus, sitaxsentan sodium, sorafenib, SS(dsFv)-PE38, St. John's Wort extract, stavudine; Tacrolimus, tadalafil, tafenoquine succinate, talaglumetad, tanomastat, taxus, tegaserod maleate, telithromycin, tempol, tenofovir, tenofovir disoproxil fumarate, testosterone enanthate, TH-9507, thalidomide, tigecycline, timolol maleate, tiotropium bromide, tipifarnib, torcetrapib, trabectedin, travoprost, travoprost/timolol, treprostinil sodium; Valdecoxib, vardenafil hydrochloride hydrate, varenicline, VEGF-2 gene therapy, venlafaxine hydrochloride, vildagliptin, **vincristine** sulfate, voriconazole, VRX-496, VX-385; Warfarin sodium; Ximelagatran; Yttrium 90 (90Y) ibritumomab tiuxetan; Zanolimumab, zidovudine.

L3 ANSWER 2 OF 5 MEDLINE on STN
AN 2004544147 MEDLINE
DN PubMed ID: 15515776

TI Infliximab in refractory uveitis due to Behcet's disease.
AU Wechsler B; Sable-Fourtassou R; Bodaghi B; Huong D L T; Cassoux N; Badelon I; Fain O; LeHoang P; Piette J-C
CS Department of Internal Medicine, Hopital Pitie-Salpetriere, Paris, France.
SO Clinical and experimental rheumatology, (2004 Jul-Aug) 22 (4 Suppl 34) S14-6.
Journal code: 8308521. ISSN: 0392-856X.
CY Italy
DT (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200501
ED Entered STN: 20041102
Last Updated on STN: 20050114
Entered Medline: 20050113
AB OBJECTIVE: To report 4 cases of refractory panuveitis due to Behcet's disease treated with a novel therapy: infliximab. METHODS: Retrospective study of 3 women and 1 man of Causasian origin with Behcet's disease complicated with panuveitis. Their uveitis was relapsing from 48 to 96 months and was resistant to the combination of **colchicine** (n = 4), high-dose prednisone (n = 4), pentoxyphilline (n = 2) and various immunossuppressors and/or immunomodulators given successively: intravenous cyclophosphamide (n = 4), azathioprine (n = 3), interferon alpha (n = 3), cyclosporine A (n = 2), oral cyclophosphamide (n = 1), **mycophenolate** mofetil (n = 1), methotrexate (n = 1), high-dose immunoglobulin (n = 1). Combination with respectively 1, 3, 4 and 5 immunossuppressors and/or immunomodulators failed before institution of infliximab. After informed consent was obtained, infliximab was administered as a single infusion of 5 mg/kg (maximum dose: 400 mg) at day 1, at week 2, 6 and then every 8 weeks. RESULTS: With a follow-up ranging from 7 to 22 months, infliximab was efficient in all cases. The mean prednisone dose decreased from 45 mg to 13 mg daily. Total recovery of visual acuity was observed in half of the cases. Infliximab was well tolerated without fever, severe sepsis or autoimmune manifestation. CONCLUSION: Infliximab may be efficient in refractory uveitis due to Behcet's disease. The optimal dose, rhythm and duration of infliximab infusions need to be standardized.

L3 ANSWER 3 OF 5 MEDLINE on STN
AN 2002240603 MEDLINE
DN PubMed ID: 11978136
TI Clinical management of pyoderma gangrenosum.
AU Wollina Uwe
CS Department of Dermatology, Hospital Dresden-Friedrichstadt, PO Box 120906, 01008 Dresden, Germany.. Wollina-Uw@khdf.de
SO American journal of clinical dermatology, (2002) 3 (3) 149-58. Ref: 78
Journal code: 100895290. ISSN: 1175-0561.
CY New Zealand
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 200206
ED Entered STN: 20020430
Last Updated on STN: 20020614
Entered Medline: 20020613
AB Pyoderma gangrenosum is a noninfectious neutrophilic dermatosis that usually starts with sterile pustules which rapidly progress to painful ulcers of variable depth and size with undermined violaceous borders. In 17 to 74% of cases, pyoderma gangrenosum is associated with an underlying disease, most commonly inflammatory bowel disease, rheumatological or hematological disease or **malignancy**. Diagnosis of pyoderma gangrenosum is based on a history of an underlying disease, typical

clinical presentation and histopathology, and exclusion of other diseases that would lead to a similar appearance. Randomized, double-blinded prospective multicenter trials investigating the treatment of pyoderma gangrenosum are not available. The treatments with the best clinical evidence are systemic corticosteroids (in the initial phase usually 100 to 200 mg/day) and cyclosporine (mainly as a maintenance treatment). Combinations of corticosteroids with cytotoxic drugs such as azathioprine, cyclophosphamide or chlorambucil are used in patients with disease that is resistant to corticosteroids. The combination of corticosteroids with sulfa drugs, such as dapsone, or clofazimine, minocycline and thalidomide, has been used as a corticosteroid-sparing alternative. Limited experience has been documented with methotrexate, **colchicine**, nicotine, and **mycophenolate** mofetil, among other drugs. Alternative treatments include local application of granulocyte-macrophage colony-stimulating factor, intravenous immunoglobulins and plasmapheresis. Skin transplants (split-skin grafts or autologous keratinocyte grafts) and the application of bioengineered skin is useful in selected cases in conjunction with immunosuppression. Topical therapy with modern wound dressings is useful to minimize pain and the high risk of secondary infection. The application of topical antibacterials cannot be recommended because of their potential to sensitize and their questionable efficacy, but systemic antibacterial therapy is mandatory when infection is present. Despite recent advances in therapy, the prognosis of pyoderma gangrenosum remains unpredictable.

L3 ANSWER 4 OF 5 MEDLINE on STN
AN 96051634 MEDLINE
DN PubMed ID: 7499107
TI Adenocarcinoma of unknown primary: retrospective analysis of chemosensitivity of 313 freshly explanted tumors in a **tumor** cloning system.
AU Hanauske A R; Clark G M; Von Hoff D D
CS I. Department of Medicine, Klinikum rechts der Isar der Technischen Universitat Munchen, FRG.
SO Investigational new drugs, (1995) 13 (1) 43-9.
Journal code: 8309330. ISSN: 0167-6997.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199601
ED Entered STN: 19960217
Last Updated on STN: 19960217
Entered Medline: 19960118
AB **Cancer** of unknown primary origin is the eighth most common form of **malignancy** and accounts for up to 10% of all neoplasms diagnosed. It is a set of heterogenous tumors with widely varying sensitivity to systemic chemotherapy. Over the past years progress has been made in identifying subsets of patients that can be effectively treated with chemotherapy and may achieve long-term survival even with metastatic disease. However, the large majority of cancers of unknown origin still is resistant to chemotherapy. In an attempt to identify conventional and investigational new agents with possible activity against cancers of unknown primary, we have retrospectively analyzed the results of chemosensitivity testing in a soft agar cloning system in vitro and have compared these data with published clinical trials. Between 1978 and 1993, a total of 19584 **tumor** specimens were studied using a variety of investigational or established antitumor agents. Of these, 615 (3.1%) were tumors of unknown origin and confirmed on pathology review. The largest histologic subgroup was adenocarcinoma (332, 54%). Sufficient numbers of cells for in vitro testing were obtained from 313 **tumor** specimens (94.3%). Of 278 agents tested in adenocarcinoma of unknown origin, borderline activity (< 20% in vitro response) was noted for 5-FU, doxorubicin, bleomycin, mitoxantrone, mitomycin-C, cisplatin, and etoposide. In vitro response rates of > or = 20% were observed for

actinomycin-D, BCNU, melphalan, methotrexate, taxol, and **vinblastine**. In addition, several investigational agents including fludarabine, amira235, bisantrene, Dupont840, echinomycin, **tiazofurin**, LY104208 (vinzolidine), intoplicine, and topotecan had activity.(ABSTRACT TRUNCATED AT 250 WORDS)

L3 ANSWER 5 OF 5 MEDLINE on STN
AN 85228075 MEDLINE
DN PubMed ID: 2860971
TI Cross-resistance of vinblastine- and taxol-resistant mutants of Chinese hamster ovary cells to other anticancer drugs.
AU Gupta R S
SO Cancer treatment reports, (1985 May) 69 (5) 515-21.
Journal code: 7607107. ISSN: 0361-5960.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198508
ED Entered STN: 19900320
Last Updated on STN: 19950206
Entered Medline: 19850801
AB Stable mutants resistant to the anticancer drug **vinblastine** (VinR mutants) have been isolated after a single selection step from Chinese hamster ovary cells. Of the two types of VinR mutants which are obtained, one class exhibits specific cross-resistance to only some of the microtubule inhibitors. However, the second type of mutants, which is affected in membrane permeability, exhibits cross-resistance to a wide variety of unrelated compounds. Both classes of VinR mutants showed codominant expression in cell hybrids formed between resistant and sensitive cells. The cross-resistance patterns of the VinR mutants and a single-step mutant resistant to the anticancer drug taxol (TaxR mutant) toward various anticancer drugs have been determined. The mutants resistant to both of these drugs showed significantly increased resistance toward aclarubicin, dactinomycin, doxorubicin, bisantrene, bruceantin, chromomycin A3, demecolcine, **colchicine**, daunorubicin, ellipticine, emetine, ethidium bromide, maytansine, mithramycin, mitoxantrone, nitidine chloride, olivomycin, podophyllotoxin, puromycin, taxol, **vinblastine**, **vincristine**, vindesine, teniposide, and etoposide. Interestingly, either one or both of the above mutants exhibited somewhat enhanced sensitivity toward vidarabine, acivicin, bleomycin, cisplatin, cytarabine, alpha-difluoromethyl-ornithine, 5-FU, tegafur, and **tiazofurin**. For a number of other anticancer drugs which were examined (chlorambucil, mitolactol, IMPY, hexamethylmelamine, hydroxyurea, diglycoaldehyde, methotrexate, mitoguazone, mitomycin, nocodazole, and 6-thioguanine), the level of resistance of these mutants was found to be unaltered. The information regarding cross-resistance and collateral sensitivity patterns of VinR and TaxR mutants should prove to be very useful in the design of drug combinations which could prove more effective in **cancer** chemotherapy.

=> s (mizoribine or mycophenolate or tiazofurin or viramidine or ribivarin) (L) (atrasentan or leuprolide or goserelin or octreotide)
254 MIZORIBINE
3485 MYCOPHENOLATE
317 TIAZOFURIN
16 VIRAMIDINE
0 RIBIVARIN
56 ATRASENTAN
1973 LEUPROLIDE
1130 GOSERELIN
5327 OCTREOTIDE
L4 5 (MIZORIBINE OR MYCOPHENOLATE OR TIAZOFURIN OR VIRAMIDINE OR

RIBIVARIN) (L) (ATRASENTAN OR LEUPROLIDE OR GOSERELIN OR OCTREOT
IDE)

=> d 1-5 bib abs

L4 ANSWER 1 OF 5 MEDLINE on STN
AN 2005417782 MEDLINE
DN PubMed ID: 16082422
TI Gateways to clinical trials.
AU Bayes M; Rabasseda X; Prous J R
CS Department of Pharmacology, Prous Science, Barcelona, Spain..
mbayes@prous.com
SO Methods and findings in experimental and clinical pharmacology, (2005 Jun) 27 (5) 331-72.
Journal code: 7909595. ISSN: 0379-0355.
CY Spain
DT Bibliography
LA English
FS Priority Journals
EM 200509
ED Entered STN: 20050806
Last Updated on STN: 20050928
Entered Medline: 20050927
AB Gateways to Clinical Trials is a guide to the most recent clinical trials in current literature and congresses. The data in the following tables have been retrieved from the Clinical Trials Knowledge Area of Prous Science Integrity, the drug discovery and development portal, http://integrity.prous.com. This issue focuses on the following selection of drugs: Abiraterone acetate, acyline, adalimumab, adenosine triphosphate, AEE-788, AIDSVAX gp120 B/B, AK-602, alefacept, alemtuzumab, alendronic acid sodium salt, alicaforsen sodium, alprazolam, amdoxovir, AMG-162, aminolevulinic acid hydrochloride, aminolevulinic acid methyl ester, aminophylline hydrate, anakinra, anecortave acetate, anti-CTLA-4 MAb, APC-8015, aripiprazole, aspirin, atazanavir sulfate, atomoxetine hydrochloride, atorvastatin calcium, **atrasentan**, AVE-5883, AZD-2171; Betamethasone dipropionate, bevacizumab, bimatoprost, biphasic human insulin (prb), bortezomib, BR-A-657, BRL-55730, budesonide, busulfan; Calcipotriol, calcipotriol/betamethasone dipropionate, calcium folinate, capecitabine, capravirine, carmustine, caspofungin acetate, cefdinir, certolizumab pegol, CG-53135, chlorambucil, ciclesonide, ciclosporin, cisplatin, clofarabine, clopidogrel hydrogensulfate, clozapine, co-trimoxazole, CP-122721, creatine, CY-2301, cyclophosphamide, cypher, cytarabine, cytolin; D0401, darbepoetin alfa, darifenacin hydrobromide, DASB, desipramine hydrochloride, desloratadine, desvenlafaxine succinate, dexamethasone, didanosine, diquafosol tetrasodium, docetaxel, doxorubicin hydrochloride, drotrecogin alfa (activated), duloxetine hydrochloride, dutasteride; Ecallantide, efalizumab, efavirenz, eletriptan, emtricitabine, enfuvirtide, enoxaparin sodium, estramustine phosphate sodium, etanercept, ethinylestradiol, etonogestrel, etonogestrel/ethinylestradiol, etoposide, exenatide; Famciclovir, fampridine, febuxostat, filgrastim, fludarabine phosphate, fluocinolone acetonide, fluorouracil, fluticasone propionate, fluvastatin sodium, fondaparinux sodium; Gaboxadol, gamma-hydroxybutyrate sodium, gefitinib, gelclair, gemcitabine, gemfibrozil, glibenclamide, glyminox; Haloperidol, heparin sodium, HPV 16/HPV 18 vaccine, human insulin, human insulin; Icatibant, imatinib mesylate, indium 111 (111In) ibritumomab tiuxetan, infliximab, INKP-100, iodine (I131) tositumomab, IoGen, ipratropium bromide, ixabepilone; L-870810, lamivudine, lapatinib, laquinimod, latanoprost, levonorgestrel, licochalcone a, liposomal doxorubicin, lopinavir, lopinavir/ritonavir, lorazepam, lovastatin; Maraviroc, maribavir, matuzumab, MDL-100907, melphalan, methotrexate, methylprednisolone, mitomycin, mitoxantrone hydrochloride, MK-0431, MN-001, MRKAd5 HIV-1 gag/pol/nef, MRKAd5gag, MVA.HIVA, MVA-BN Nef, MVA-Muc1-IL-2, **mycophenolate** mofetil; Nelfinavir mesilate, nesiritide, NSC-330507; Olanzapine, olmesartan medoxomil, omalizumab, oral

insulin, osanetant; PA-457, paclitaxel, paroxetine, paroxetine hydrochloride, PCK-3145, PEG-filgrastim, peginterferon alfa-2a, peginterferon alfa-2b, perillyl alcohol, pexelizumab, pimecrolimus, pitavastatin calcium, porfiromycin, prasterone, prasugrel, pravastatin sodium, prednisone, pregabalin, prinomastat, PRO-2000, propofol, prostate cancer vaccine; Rasagiline mesilate, rhBMP-2/ACS, rhBMP-2/BCP, rhC1, ribavirin, rilpivirine, ritonavir, rituximab, Ro-26-9228, rosuvastatin calcium, rosuvastatin sodium, rubitecan; Selodenoson, simvastatin, sirolimus, sitaxsentan sodium, sorafenib, SS(dsFv)-PE38, St. John's Wort extract, stavudine; Tacrolimus, tadalafil, tafenoquine succinate, talaglumetad, tanomastat, taxus, tegaserod maleate, telithromycin, tempol, tenofovir, tenofovir disoproxil fumarate, testosterone enanthate, TH-9507, thalidomide, tigecycline, timolol maleate, tiotropium bromide, tipifarnib, torcetrapib, trabectedin, travoprost, travoprost/timolol, treprostinil sodium; Valdecoxib, vardenafil hydrochloride hydrate, varenicline, VEGF-2 gene therapy, venlafaxine hydrochloride, vildagliptin, vincristine sulfate, voriconazole, VRX-496, VX-385; Warfarin sodium; Ximelagatran; Yttrium 90 (90Y) ibritumomab tiuxetan; Zanolimumab, zidovudine.

L4 ANSWER 2 OF 5 MEDLINE on STN
AN 2005323077 MEDLINE
DN PubMed ID: 15973580
TI Digestive disease week 2001. American association for the study of liver diseases. 19-23 May 2001, Atlanta, GA, USA.
AU Heneghan M A
CS Division of Gastroenterology, Duke University Medical Center, Box 3923, Durham, NC 27710, USA.. heneg003@mc.duke.edu
SO IDrugs : investigational drugs journal, (2001 Aug) 4 (8) 884-6. Journal code: 100883655. ISSN: 1369-7056.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS NONMEDLINE; PUBMED-NOT-MEDLINE
EM 200507
ED Entered STN: 20050624
Last Updated on STN: 20050714
Entered Medline: 20050713
AB All aspects of hepatology were represented at this year's meeting of the American Association for the Study of Liver Diseases (AASLD), although the meeting was dominated by a proliferation of information in the arena of viral hepatitis. In an international multicenter study of over 1000 treatment-naive patients with hepatitis C virus (HCV) infection, sustained virological response was found in 56% of patients who received PEGylated interferon (IFN) alpha-2a (Pegasys; F Hoffmann-La Roche) in combination with ribavirin (Virazole; ICN Pharmaceuticals), versus 45% in patients who received IFN alpha-2b and ribavirin therapy, and 30% of patients who received PEG. This is a significant improvement on currently licensed therapy and will define practice patterns for the next decade. In other areas, novel therapies such as silymarin for cholestatic liver disease, L-dT (Novirio Pharmaceuticals Inc), herbal therapy, combination therapies including amantadine and **mycophenolate** mofetil (Roche Holding) for viral hepatitis, and long-acting **octreotide** (Sandostatin LAR Depot; Novartis) for portal hypertension, were presented. This review represents the best of AASLD at DDW 2001.

L4 ANSWER 3 OF 5 MEDLINE on STN
AN 2004125272 MEDLINE
DN PubMed ID: 15016126
TI Perioperative treatment with octreotide minimizes technical complications after enteric conversion of bladder-drained pancreas transplants.
AU Bogetti Diego; Nazarewski Slawomir; Zielinski Adam; Sileri Pierpaolo; Testa Giuliano; Sankary Howard; Benedetti Enrico
CS Department of Surgery, Division of Transplantation, University of Illinois at Chicago, Chicago, IL, USA.

SO Clinical transplantation, (2004 Apr) 18 (2) 137-41.
Journal code: 8710240. ISSN: 0902-0063.
CY Denmark
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200406
ED Entered STN: 20040313
Last Updated on STN: 20040625
Entered Medline: 20040624
AB We review our experience with enteric conversion of previously bladder-drained pancreas transplants (PTx) using a short perioperative course of **octreotide** (OCT). Between July 1994 and December 2001, 45 consecutive primary bladder-drained PTx were performed. Immunosuppression consisted of a combination of tacrolimus, **mycophenolate** mofetil and steroids after induction with monoclonal or polyclonal antibodies. A total of 16 patients underwent enteric conversion at an average of 3 months after the initial transplant. Each patient received OCT perioperatively. We report no technical complications with the exception of one superficial wound infection and good early and late PTx survival rates. Perioperative treatment with **octreotide** is well tolerated and may reduce technical complications while performing enteric conversion of previously bladder-drained PTx.

L4 ANSWER 4 OF 5 MEDLINE on STN
AN 2003534970 MEDLINE
DN PubMed ID: 14612106
TI Rapid resolution of **mycophenolate** associated diarrhea with a small dose of **octreotide**: a case report.
AU Mohsin N; Jha A; Kallankara S; Asif P; Malvathu R
CS Nephrology Department, Royal Hospital, Muscat, Sultanate of Oman.. nabmoh@omentel.net.om
SO Transplantation proceedings, (2003 Nov) 35 (7) 2754.
Journal code: 0243532. ISSN: 0041-1345.
CY United States
DT (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200406
ED Entered STN: 20031113
Last Updated on STN: 20040630
Entered Medline: 20040629

L4 ANSWER 5 OF 5 MEDLINE on STN
AN 2002735957 MEDLINE
DN PubMed ID: 12500432
TI Gateways to clinical trials.
AU Bayes M; Rabasseda X; Prous J R
CS Prous Science, S.A., P.O. Box 540, 08080 Barcelona, Spain.. mbayes@prous.com
SO Methods and findings in experimental and clinical pharmacology, (2002 Oct) 24 (8) 525-51.
Journal code: 7909595. ISSN: 0379-0355.
CY Spain
DT Bibliography
LA English
FS Priority Journals
EM 200304
ED Entered STN: 20021227
Last Updated on STN: 20030406
Entered Medline: 20030404
AB Gateways to Clinical Trials is a guide to the most recent clinical trials in current literature and congresses. The data in the following tables

has been retrieved from the Clinical Studies knowledge area of Prous Science Integrity, the drug discovery and development portal, http://integrity.prous.com. This issue focuses on the following selection of drugs: Abacavir sulfate, abciximab, acetylcysteine, adefovir dipivoxil, alfuzosin hydrochloride, aliskiren fumarate, alosetron hydrochloride, amlodipine besilate, apomorphine hydrochloride, atazanavir, atorvastatin, atorvastatin calcium, **atrasentan**; Basiliximab, beraprost sodium, bevacizumab, bivalirudin, botulinum toxin type A, botulinum toxin type B; Celecoxib, cetuximab, cilansetron, cilomilast; Daclizumab, darbepoetin alfa, docetaxel, duloxetine hydrochloride; Efalizumab, efavirenz, eletriptan,, entecavir, eplerenone, epoetin alfa, eptifibatide, esomeprazole magnesium. ezetimibe; Filgrastim, finasteride, fluvastatin sodium, follitropin alfa; Gemcitabine, gemeprost, ghrelin (human); HE-2000; Infliximab, 111In-Pentetreotide, interferon alfa-2 alpha, interferon alfa-2 beta, interferon beta-1 alpha, irbesartan, irinotecan hydrochloride; Ketamine hydrochloride; L-778123, lafutidine, lamivudine, lamivudine/zidovudine, latanoprost, letrozole, licofelone, lopinavir, losartan potassium, loxiglumide, lubeluzole; Magnesium sulfate, MeGLA, meloxicam, **mycophenolate** mofetil; NBI-6024, nelfinavir mesilate, nesiritide, nevirapine, niacin, NN-2211; **Octreotide**, orlistat; PC-515, peginterferon alfa-2 alpha, peginterferon alfa-2b, pemetrexed disodium, pibrozelesin hydrochloride, pimagedine, pirfenidone, pitavastatin calcium, premarin/trimegestone, prucalopride; Rabeprazole sodium; reboxetine, risedronate sodium, ritonavir, rituximab, rofecoxib, roflumilast, rosuvastatin calcium; Sertraline, sibutramine hydrochloride monohydrate, sildenafil citrate, spironolactone, stavudine; Tacrolimus, tadalafil, tamsulosin hydrochloride, tenecteplase, thalidomide, travoprost; Valsartan; Zoledronic acid monohydrate.

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                                                         ENTRY    SESSION
FULL ESTIMATED COST                                      10.05      10.26

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CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT
FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 12 October 2005 (20051012/ED)

FILE RELOADED: 19 October 2003.

=> s (mizoribine or  mycophenolate or  tiazofurin or  viramidine or  ribivarin) (L)
(atrasentan or leuprolide or goserelin or octreotide)
           300 MIZORIBINE
          4310 MYCOPHENOLATE
           417 TIAZOFURIN
            35 VIRAMIDINE
             5 RIBIVARIN
            54 ATRASENTAN
          1326 LEUPROLIDE
           660 GOSERELIN
          4176 OCTREOTIDE
L5           4 (MIZORIBINE OR  MYCOPHENOLATE OR  TIAZOFURIN OR  VIRAMIDINE OR
               RIBIVARIN) (L) (ATRASENTAN OR LEUPROLIDE OR GOSERELIN OR OCTREOT
               IDE)

=> d 1-4 bib abs

L5   ANSWER 1 OF 4  BIOSIS  COPYRIGHT (c) 2005 The Thomson Corporation  on STN
AN   2004:411440  BIOSIS
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DN PREV200400407705
TI Pharmacotherapies and nonpharmacotherapies for orbital inflammatory diseases.
AU Chiu, Cynthia S. [Reprint Author]; Rubin, Peter A. D.
CS Massachusetts Eye and Ear Infirm, 243 Charles St, Boston, MA, 02114, USA
SO International Ophthalmology Clinics, (Summer 2004) Vol. 44, No. 3, pp. 165-185. print.
ISSN: 0020-8167.
DT Article
General Review; (Literature Review)
LA English
ED Entered STN: 20 Oct 2004
Last Updated on STN: 20 Oct 2004

L5 ANSWER 2 OF 4 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
AN 2004:131648 BIOSIS
DN PREV200400133152
TI Rapid resolution of **mycophenolate** associated diarrhea with a small dose of **octreotide**: A case report.
AU Mohsin, N. [Reprint Author]; Jha, A.; Kallankara, S.; Asif, P.; Malvathu, R.
CS Nephrology Department, Royal Hospital, P.O. Box 1331, CPO SEEB, Muscat, Oman
nabmoh@omentel.net.om
SO Transplantation Proceedings, (November 2003) Vol. 35, No. 7, pp. 2754. print.
CODEN: TRPPA8. ISSN: 0041-1345.
DT Article
LA English
ED Entered STN: 10 Mar 2004
Last Updated on STN: 10 Mar 2004

L5 ANSWER 3 OF 4 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
AN 2004:73716 BIOSIS
DN PREV200400073889
TI Rectal cancer following a kidney-pancreas transplant.
AU Dabney, A.; Longo, W. E. [Reprint Author]; Garvin, P. J.
CS Department of Surgery, St. Louis University School of Medicine, 3635 Vista Avenue, Saint Louis, MO, 63110-02250, USA
longom2@slu.edu
SO Transplantation Proceedings, (June 2002) Vol. 34, No. 4, pp. 1189-1190. print.
CODEN: TRPPA8. ISSN: 0041-1345.
DT Article
LA English
ED Entered STN: 4 Feb 2004
Last Updated on STN: 4 Feb 2004

L5 ANSWER 4 OF 4 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
AN 2003:48554 BIOSIS
DN PREV200300048554
TI Gateways to Clinical Trials.
AU Bayes, M. [Reprint Author]; Rabasseda, X.; Prous, J. R.
CS Prous Science, S.A., 08080, P.O. Box 540, Barcelona, Spain
mbayes@prous.com
SO Methods and Findings in Experimental and Clinical Pharmacology, (October 2002) Vol. 24, No. 8, pp. 525-552. print.
ISSN: 0379-0355 (ISSN print).
DT Article
LA English
ED Entered STN: 15 Jan 2003
Last Updated on STN: 15 Jan 2003
AB Gateways to Clinical Trials is a guide to the most recent clinical trials in current literature and congresses. The data in the following tables has been retrieved from the Clinical Studies knowledge area of Prous

Science Integrity, the drug discovery and development portal, http://integrity.prous.com. This issue focuses on the following selection of drugs: Abacavir sulfate, abciximab, acetylcysteine, adefovir dipivoxil, alfuzosin hydrochloride, aliskiren fumarate, alosetron hydrochloride, amlodipine besilate, apomorphine hydrochloride, atazanavir, atorvastatin, atorvastatin calcium, **atrasentan**; Basiliximab, beraprost sodium, bevacizumab, bivalirudin, botulinum toxin type A, botulinum toxin type B; Celecoxib, cetuximab, cilansetron, cilomilast; Daclizumab, darbepoetin alfa, docetaxel, duloxetine hydrochloride; Efalizumab, efavirenz, eletriptan, entecavir, eplerenone, epoetin alfa, eptifibatide, esomeprazole magnesium. ezetimibe; Filgrastim, finasteride, fluvastatin sodium, follitropin alfa; Gemcitabine, gemeprost, ghrelin (human); HE-2000; Infliximab, 111In-Pentetreotide, interferon alfa-2alpha, interferon alfa-2beta, interferon beta-1alpha, irbesartan, irinotecan hydrochloride; Ketamine hydrochloride; L-778123, lafutidine, lamivudine, lamivudine/zidovudine, latanoprost, letrozole, licofelone, lopinavir, losartan potassium, loxiglumide, lubeluzole; Magnesium sulfate, MeGLA, meloxicam, **mycophenolate** mofetil; NBI-6024, nelfinavir mesilate, nesiritide, nevirapine, niacin, NN-2211; **Octreotide**, orlistat; PC-515, peginterferon alfa-2alpha, peginterferon alfa-2b, pemetrexed disodium, pibrozelesin hydrochloride, pimagedine, pirfenidone, pitavastatin calcium, premarin/trimegestone, prucalopride; Rabeprazole sodium; reboxetine, risedronate sodium, ritonavir, rituximab, rofecoxib, roflumilast, rosuvastatin calcium; Sertraline, sibutramine hydrochloride monohydrate, sildenafil citrate, spironolactone, stavudine; Tacrolimus, tadalafil, tamsulosin hydrochloride, tenecteplase, thalidomide, travoprost; Valsartan; Zoledronic acid monohydrate.

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=> index health
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       8.05      18.31

INDEX 'ABI-INFORM, ADISCTI, ADISINSIGHT, ADISNEWS, AQUALINE, AQUASCI,
       BIOBUSINESS, BIOCOMMERCE, BIOENG, BIOSIS, BIOTECHNO, CANCERLIT, CAPLUS,
       CBNB, CEN, CHEMLIST, CIN, CONFSCI, CSNB, DISSABS, EMBAL, EMBASE, ENERGY,
       ENVIROENG, ESBIOBASE, FEDRIP, FOMAD, ...' ENTERED AT 13:04:19 ON 19 OCT 2005

54 FILES IN THE FILE LIST IN STNINDEX

Enter SET DETAIL ON to see search term postings or to view
search error messages that display as 0* with SET DETAIL OFF.

=> s (mizoribine or  mycophenolate or  tiazofurin or  viramidine or  ribivarin) (L)
(atrasentan or leuprolide or goserelin or octreotide)
          2   FILE ADISCTI
          2   FILE ADISNEWS
          4   FILE BIOSIS
          1   FILE BIOTECHNO
          1   FILE CAPLUS
          4   FILE EMBASE
          4   FILE ESBIOBASE
         13   FILE IFIPAT
          5   FILE MEDLINE
          1   FILE NLDB
  44 FILES SEARCHED...
          2   FILE PASCAL
          4   FILE PROMT
          4   FILE SCISEARCH
         18   FILE TOXCENTER
        838   FILE USPATFULL
         88   FILE USPAT2

  16 FILES HAVE ONE OR MORE ANSWERS,   54 FILES SEARCHED IN STNINDEX
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L6 QUE (MIZORIBINE OR MYCOPHENOLATE OR TIAZOFURIN OR VIRAMIDINE OR RIBIVARIN) (L) (ATRASENTAN OR LEUPROLIDE OR GOSERELIN OR OCTREOTIDE)

=> file toxcenter

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.59	18.90

FILE 'TOXCENTER' ENTERED AT 13:04:52 ON 19 OCT 2005
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FILE COVERS 1907 TO 18 Oct 2005 (20051018/ED)

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TOXCENTER has been enhanced with new files segments and search fields.
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TOXCENTER thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2005 vocabulary. See http://www.nlm.nih.gov/mesh/ and http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html for a description of changes.

=> s (mizoribine or mycophenolate or tiazofurin or viramidine or ribivarin) (L) (atrasentan or leuprolide or goserelin or octreotide)
347 MIZORIBINE
3651 MYCOPHENOLATE
641 TIAZOFURIN
37 VIRAMIDINE
1 RIBIVARIN
74 ATRASENTAN
1201 LEUPROLIDE
951 GOSERELIN
2360 OCTREOTIDE
L7 18 (MIZORIBINE OR MYCOPHENOLATE OR TIAZOFURIN OR VIRAMIDINE OR RIBIVARIN) (L) (ATRASENTAN OR LEUPROLIDE OR GOSERELIN OR OCTREOTIDE)

=> d 10-18 bib abs

L7 ANSWER 10 OF 18 TOXCENTER COPYRIGHT 2005 ACS on STN
AN 2003:252220 TOXCENTER
CP Copyright 2005 ACS
DN CA13918276754V
TI Preparation of C12-cyano epothilone derivatives with antitumor activity
AU Vite, Gregory D.; Regueiro-Ren, Alicia
CS ASSIGNEE: Bristol-Myers Squibb Company
PI WO 2003077903 A1 25 Sep 2003
SO (2003) PCT Int. Appl., 47 pp.
CODEN: PIXXD2.
CY UNITED STATES
DT Patent
FS CAPLUS
OS CAPLUS 2003:757513
LA English
ED Entered STN: 20031021
Last Updated on STN: 20050621
AB Epothilone derivs. of formula I [R1-R5 = H, alkyl; R6 = H, alkyl, aryl, cycloalkyl, heterocyclo; X = H; Y = OH; XY = bond] are prepared Also included are therapeutic compns. containing the compds. of formula I as active

ingredients, alone or in combination with other therapeutic agents useful in the treatment of cancer or other proliferative diseases. Thus, II was prepared in several steps from epothilone A. The EC0.01 of the prepared compds. was 0.01 to 1000 μM in in vitro tubulin polymerization assay.

L7 ANSWER 11 OF 18 TOXCENTER COPYRIGHT 2005 ACS on STN
AN 2003:82926 TOXCENTER
CP Copyright 2005 ACS
DN CA13818265631F
TI Methods and compositions to determine the chemosensitizing dose of suramin used in combination therapy
AU Au, Jessie L.-S.; Wientjes, M. Guillaume
PI WO 2003026574 A2 3 Apr 2003
SO (2003) PCT Int. Appl., 47 pp.
CODEN: PIXXD2.
CY UNITED STATES
DT Patent
FS CAPLUS
OS CAPLUS 2003:261608
LA English
ED Entered STN: 20030408
Last Updated on STN: 20050510
AB A method for determining a therapeutically effective amount of suramin for administering to a patient who is to receive a cytotoxic agent comprises determining the circulating suramin concentration in the patient; administering suramin, if required, to establish a low circulating concentration of suramin in the patient of below about 200 μM; and administering the chemotherapeutic agent to the patient when the low circulating concentration of suramin is present in the patient. Conveniently a nomogram can be constructed for use in clin. settings with the suramin.

L7 ANSWER 12 OF 18 TOXCENTER COPYRIGHT 2005 ACS on STN
AN 2002:167303 TOXCENTER
CP Copyright 2005 ACS
DN CA13707088442B
TI Incensole and furanogermacrens and compounds in treatment for inhibiting neoplastic lesions and microorganisms
AU Shanahan-Pendergast, Elisabeth
PI WO 2002053138 A2 11 Jul 2002
SO (2002) PCT Int. Appl., 68 pp.
CODEN: PIXXD2.
CY IRELAND
DT Patent
FS CAPLUS
OS CAPLUS 2002:521462
LA English
ED Entered STN: 20020730
Last Updated on STN: 20050830
AB The invention discloses the use of incensole and/or furanogermacrens, derivs. metabolites and precursors thereof in the treatment of neoplasia, particularly resistant neoplasia and immunodysregulatory disorders. These compds. can be administered alone or in combination with conventional chemotherapeutic, antiviral, antiparasite agents, radiation and/or surgery. Incensole and furanogermacren and their mixture showed antitumor activity against various human carcinomas and melanomas and antimicrobial activity against Staphylococcus aureus and Enterococcus faecalis.

L7 ANSWER 13 OF 18 TOXCENTER COPYRIGHT 2005 ACS on STN
AN 2002:147707 TOXCENTER
CP Copyright 2005 ACS
DN CA13703033310B
TI Preparation of anilinopyrimidines as IKK inhibitors
AU Kois, Adam; MacFarlane, Karen J.; Satoh, Yoshitaka; Bhagwat, Shripad S.; Parnes, Jason S.; Palanki, Moorthy S. S.; Erdman, Paul E.

CS ASSIGNEE: Signal Pharmaceuticals, Inc.
PI WO 2002046171 A2 13 Jun 2002
SO (2002) PCT Int. Appl., 194 pp.
CODEN: PIXXD2.
CY UNITED STATES
DT Patent
FS CAPLUS
OS CAPLUS 2002:449662
LA English
ED Entered STN: 20020702
Last Updated on STN: 20050803
AB The title compds. [I; R1 = (un)substituted (hetero)aryl; R2 = H; R3 = H, alkyl; R4 = halo, OH, alkyl, alkoxy; R5, R6 = R8, (CH2)aCOR9, (CH2)aCO2R9, etc.; or NR5R6 = (un)substituted heterocycle; R8, R9 = H, alkyl, aryl, etc.; a = 0-4] having activity as inhibitors of IKK, particularly IKK-2, were prepared E.g., a multi-step synthesis of I [R1 = 4-ClC6H4; R2-R6 = H] having an IC50 of ≤ 1 μM in the IKK-2 enzyme assay, was given. Such compds. I have utility in the treatment of a wide range of conditions that are responsive to IKK inhibition. Thus, methods of treating such conditions are also disclosed, as are pharmaceutical compns. containing one or more compds. of the above compds.

L7 ANSWER 14 OF 18 TOXCENTER COPYRIGHT 2005 ACS on STN
AN 2002:147706 TOXCENTER
CP Copyright 2005 ACS
DN CA13703033309H
TI Preparation of anilinopyrimidines as JNK pathway inhibitors
AU Kois, Adam; MacFarlane, Karen J.; Satoh, Yoshitaka; Bhagwat, Shripad S.; Parnes, Jason S.; Palanki, Moorthy S. S.; Erdman, Paul E.
CS ASSIGNEE: Signal Pharmaceuticals, Inc.
PI WO 2002046170 A2 13 Jun 2002
SO (2002) PCT Int. Appl., 199 pp.
CODEN: PIXXD2.
CY UNITED STATES
DT Patent
FS CAPLUS
OS CAPLUS 2002:449661
LA English
ED Entered STN: 20020702
Last Updated on STN: 20050803
AB The title compds. [I; R1 = (un)substituted (hetero)aryl; R2 = H; R3 = H, alkyl; R4 = halo, OH, alkyl, alkoxy; R5, R6 = R8, (CH2)aCOR9, (CH2)aCO2R9, etc.; or NR5R6 = (un)substituted heterocycle; R8, R9 = H, alkyl, aryl, etc.; a = 0-4] having activity as inhibitors of the JNK pathway, were prepared E.g., a multi-step synthesis of I [R1 = 4-ClC6H4; R2-R6 = H] having an IC50 of ≤ 10 μM in the JNK2 assay, was given. Such compds. I have utility in the treatment of a wide range of conditions that are responsive to inhibition of the JNK pathway. Thus, methods of treating such conditions are also disclosed, as are pharmaceutical compns. containing one or more compds. of the above compds.

L7 ANSWER 15 OF 18 TOXCENTER COPYRIGHT 2005 ACS on STN
AN 2000:223620 TOXCENTER
CP Copyright 2005 ACS
DN CA13404037055H
TI Methods and compositions using FGF inhibitors and agonists for modulating cell proliferation and cell death
AU Au, Jessie L. S.; Wientjes, M. Guillaume
PI WO 2000074634 A2 14 Dec 2000
SO (2000) PCT Int. Appl., 143 pp.
CODEN: PIXXD2.
CY UNITED STATES
DT Patent
FS CAPLUS
OS CAPLUS 2000:880923

LA English
ED Entered STN: 20011116
Last Updated on STN: 20020305
AB Methods and compns. for modulating the FGF effect on the sensitivity of malignant and normal cells to anticancer agents are provided. In particular, methods and compns. for inhibiting FGF-induced resistance to a broad spectrum of anticancer agents in solid and soft-tissue tumors, metastatic lesions, leukemia and lymphoma are provided. Preferably, the compns. include at least one FGF inhibitor in combination with a cytotoxic agents, e.g., antimicrotubule agents, topoisomerase I inhibitors, topoisomerase II inhibitors, antimetabolites, mitotic inhibitors, alkylating agents, intercalating agents, agents capable of interfering with a signal transduction pathway (e.g., g., a protein kinase C inhibitor, e.g., an anti-hormone, e.g., an antibody against growth factor receptors), an agent that promote apoptosis and/or necrosis, an interferon, an interleukin, a tumor necrosis factor, and radiation. In other embodiments, methods and composition for protecting a cell in a subject, from one or more of killing, inhibition of growth or division or other damage caused, e.g., by a cytotoxic agent, are provided. Preferably, the method includes administering to the subject an effective amount of at least one FGF agonist, thereby treating the cell, e.g., protecting or reducing the damage to the dividing cell from said cytotoxic agent. FGF gene expression-based methods for diagnosis of proliferative disorders are also disclosed.

L7 ANSWER 16 OF 18 TOXCENTER COPYRIGHT 2005 ACS on STN
AN 2000:214659 TOXCENTER
CP Copyright 2005 ACS
DN CA133263592242
TI Fatty acid-N-substituted indol-3-glyoxylamide compositions as antitumor agents
AU Bradley, Matthews O.; Swindell, Charles S.; Anthony, Forrest; Webb, Nigel L.; Fisher, Mark
CS ASSIGNEE: Protarga, Inc.
PI WO 2000067802 A1 16 Nov 2000
SO (2000) PCT Int. Appl., 48 pp.
CODEN: PIXXD2.
CY UNITED STATES
DT Patent
FS CAPLUS
OS CAPLUS 2000:814353
LA English
ED Entered STN: 20011116
Last Updated on STN: 20020403
AB The present invention pertains to N-substituted indol-3-glyoxylamides that are conjugates of fatty acids and conjugates of I. The conjugates are useful in treating cancer. In an example taxoprexin completely eliminated all measureable tumors in 7 out of 8 mice at 120 mg/kg/day for 5 days while paclitaxel retarded tumor growth for about 4 days.

L7 ANSWER 17 OF 18 TOXCENTER COPYRIGHT 2005 ACS on STN
AN 1997:216960 TOXCENTER
CP Copyright 2005 ACS
DN CA12805043847K
TI Compositions comprising conjugates of cis-docosahexaenoic acid and Taxotere
AU Bradley, Matthews O.; Shashoua, Victor E.; Webb, Nigel L.; Swindell, Charles S.
CS ASSIGNEE: Neuromedica, Inc.
PI WO 9744026 A1 27 Nov 1997
SO (1997) PCT Int. Appl., 44 pp.
CODEN: PIXXD2.
CY UNITED STATES
DT Patent
FS CAPLUS

OS CAPLUS 1997:772634
LA English
ED Entered STN: 20011116
Last Updated on STN: 20020605
AB The invention provides taxanes that are conjugates of cis-docosahexaenoic acid and Taxotere. The conjugates are useful in treating cancer. Preparation and antitumor activity of DHA-Taxol conjugates are also included.

L7 ANSWER 18 OF 18 TOXCENTER COPYRIGHT 2005 ACS on STN
AN 1992:124585 TOXCENTER
CP Copyright 2005 ACS
DN CA11611099301X
TI Maleic anhydride copolymers as antidotes for the cytotoxicity of neoplasm inhibitors
AU Bach, Ardalan; Shanahan, William R., Jr.
CS ASSIGNEE: G.D. Searle and Co.
PI EP 393575 A1 24 Oct 1990
SO (1990) Eur. Pat. Appl., 27 pp.
CODEN: EPXXDW.
CY UNITED STATES
DT Patent
FS CAPLUS
OS CAPLUS 1992:99301
LA English
ED Entered STN: 20011116
Last Updated on STN: 20040210
AB Half-amide:half-imide copolymers comprising ethylene and maleic anhydride moieties (structure given), specifically carbetimer (I; a/b = 1:2-5), decrease the cytotoxic side effects of neoplasm inhibitors. Mice treated i.v. with 21 mg adriamycin/kg died within 5 days. When 1700 mg I/kg was administered concomitantly, no lethality was shown for >30 days.

=> file patfull
'PATFULL' IS NOT A VALID FILE NAME
SESSION CONTINUES IN FILE 'TOXCENTER'
Enter "HELP FILE NAMES" at an arrow prompt (=>) for a list of files that are available. If you have requested multiple files, you can specify a corrected file name or you can enter "IGNORE" to continue accessing the remaining file names entered.

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COST IN U.S. DOLLARS

	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	19.13	38.03

FILE 'USPATFULL' ENTERED AT 13:06:01 ON 19 OCT 2005
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FILE COVERS 1971 TO PATENT PUBLICATION DATE: 18 Oct 2005 (20051018/PD)
FILE LAST UPDATED: 18 Oct 2005 (20051018/ED)
HIGHEST GRANTED PATENT NUMBER: US6957446
HIGHEST APPLICATION PUBLICATION NUMBER: US2005229280
CA INDEXING IS CURRENT THROUGH 18 Oct 2005 (20051018/UPCA)
ISSUE CLASS FIELDS (/INCL) CURRENT THROUGH: 18 Oct 2005 (20051018/PD)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Aug 2005
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Aug 2005

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>>> publications, starting in 2001, for the inventions covered in <<<
>>> USPATFULL. A USPATFULL record contains not only the original <<<
>>> published document but also a list of any subsequent <<<
>>> publications. The publication number, patent kind code, and <<<

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>>>  publication date for all the US publications for an invention     <<<
>>>  are displayed in the PI (Patent Information) field of USPATFULL   <<<
>>>  records and may be searched in standard search fields, e.g., /PN, <<<
>>>  /PK, etc.                                                         <<<

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>>>  enter this cluster.                                               <<<
>>>                                                                    <<<
>>>  Use USPATALL when searching terms such as patent assignees,       <<<
>>>  classifications, or claims, that may potentially change from      <<<
>>>  the earliest to the latest publication.                           <<<

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substance identification.

=> s (mizoribine or  mycophenolate or  tiazofurin or  viramidine or  ribivarin) (L)
(atrasentan or leuprolide or goserelin or octreotide)
           728 MIZORIBINE
          1709 MYCOPHENOLATE
           637 TIAZOFURIN
           156 VIRAMIDINE
            23 RIBIVARIN
            43 ATRASENTAN
          5322 LEUPROLIDE
          1603 GOSERELIN
          1944 OCTREOTIDE
L8         838 (MIZORIBINE OR  MYCOPHENOLATE OR  TIAZOFURIN OR  VIRAMIDINE OR
               RIBIVARIN) (L) (ATRASENTAN OR LEUPROLIDE OR GOSERELIN OR OCTREOT
               IDE)

=> s l8 and cancer
        105640 CANCER
L9         781 L8 AND CANCER

=> s l8 (L) cancer
        105640 CANCER
L10        776 L8 (L) CANCER

=> d his full

     (FILE 'HOME' ENTERED AT 12:55:02 ON 19 OCT 2005)

     FILE 'MEDLINE' ENTERED AT 12:55:12 ON 19 OCT 2005
L1           0 SEA MIZORIBINE (L) INDANOCINE
L2          14 SEA (MIZORIBINE OR  MYCOPHENOLATE OR  TIAZOFURIN OR  VIRAMIDINE
                OR  RIBIVARIN) (L) (INDANOCINE OR INDANRORINE OR VINCRISTINE
               OR VINBLASTINE OR VINORELBINE OR COMBRETASTATIN OR COLCHICINE)
               D 10-14 BIB ABS
               D 5-9 BIB ABS
L3           5 SEA L2 AND (CANCER OR TUMOR OR MALIGNAN?)
               D 1-5 BIB ABS
L4           5 SEA (MIZORIBINE OR  MYCOPHENOLATE OR  TIAZOFURIN OR  VIRAMIDINE
                OR  RIBIVARIN) (L) (ATRASENTAN OR LEUPROLIDE OR GOSERELIN OR
               OCTREOTIDE)
               D 1-5 BIB ABS

     FILE 'BIOSIS' ENTERED AT 13:03:57 ON 19 OCT 2005
L5           4 SEA (MIZORIBINE OR  MYCOPHENOLATE OR  TIAZOFURIN OR  VIRAMIDINE
                OR  RIBIVARIN) (L) (ATRASENTAN OR LEUPROLIDE OR GOSERELIN OR
               OCTREOTIDE)
               D 1-4 BIB ABS

     INDEX 'ABI-INFORM, ADISCTI, ADISINSIGHT, ADISNEWS, AQUALINE, AQUASCI,
     BIOBUSINESS, BIOCOMMERCE, BIOENG, BIOSIS, BIOTECHNO, CANCERLIT, CAPLUS,
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     CBNB, CEN, CHEMLIST, CIN, CONFSCI, CSNB, DISSABS, EMBAL, EMBASE, ENERGY,
     ENVIROENG, ESBIOBASE, FEDRIP, FOMAD, ...' ENTERED AT 13:04:19 ON 19 OCT
     2005
                SEA (MIZORIBINE OR  MYCOPHENOLATE OR  TIAZOFURIN OR  VIRAMIDINE
               ---------
                2   FILE ADISCTI
                2   FILE ADISNEWS
                4   FILE BIOSIS
                1   FILE BIOTECHNO
                1   FILE CAPLUS
                4   FILE EMBASE
                4   FILE ESBIOBASE
               13   FILE IFIPAT
                5   FILE MEDLINE
                1   FILE NLDB
                2   FILE PASCAL
                4   FILE PROMT
                4   FILE SCISEARCH
               18   FILE TOXCENTER
              838   FILE USPATFULL
               88   FILE USPAT2
L6               QUE (MIZORIBINE OR MYCOPHENOLATE OR TIAZOFURIN OR VIRAMIDINE
                 OR RIBIVARIN) (L) (ATRASENTAN OR LEUPROLIDE OR GOSERELIN OR
                 OCTREOTIDE)
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     FILE 'TOXCENTER' ENTERED AT 13:04:52 ON 19 OCT 2005
L7            18 SEA (MIZORIBINE OR  MYCOPHENOLATE OR  TIAZOFURIN OR  VIRAMIDINE
                  OR  RIBIVARIN) (L) (ATRASENTAN OR LEUPROLIDE OR GOSERELIN OR
                 OCTREOTIDE)
                 D 10-18 BIB ABS

     FILE 'USPATFULL' ENTERED AT 13:06:01 ON 19 OCT 2005
L8           838 SEA (MIZORIBINE OR  MYCOPHENOLATE OR  TIAZOFURIN OR  VIRAMIDINE
                  OR  RIBIVARIN) (L) (ATRASENTAN OR LEUPROLIDE OR GOSERELIN OR
                 OCTREOTIDE)
L9           781 SEA L8 AND CANCER
L10          776 SEA L8 (L) CANCER


     FILE HOME

     FILE MEDLINE
      FILE LAST UPDATED: 18 OCT 2005 (20051018/UP).  FILE COVERS 1950 TO DATE.

      On December 19, 2004, the 2005 MeSH terms were loaded.

      The MEDLINE reload for 2005 is now available.  For details enter HELP
      RLOAD at an arrow promt (=>).  See also:

         http://www.nlm.nih.gov/mesh/
         http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html

      OLDMEDLINE now back to 1950.

      MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
      MeSH 2005 vocabulary.

      This file contains CAS Registry Numbers for easy and accurate
      substance identification.

     FILE BIOSIS
     FILE COVERS 1969 TO DATE.
     CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT
     FROM JANUARY 1969 TO DATE.
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RECORDS LAST ADDED: 12 October 2005 (20051012/ED)

FILE RELOADED: 19 October 2003.

FILE STNINDEX

FILE TOXCENTER

FILE COVERS 1907 TO 18 Oct 2005 (20051018/ED)

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FILE USPATFULL
FILE COVERS 1971 TO PATENT PUBLICATION DATE: 18 Oct 2005 (20051018/PD)
FILE LAST UPDATED: 18 Oct 2005 (20051018/ED)
HIGHEST GRANTED PATENT NUMBER: US6957446
HIGHEST APPLICATION PUBLICATION NUMBER: US2005229280
CA INDEXING IS CURRENT THROUGH 18 Oct 2005 (20051018/UPCA)
ISSUE CLASS FIELDS (/INCL) CURRENT THROUGH: 18 Oct 2005 (20051018/PD)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Aug 2005
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Aug 2005

>>> USPAT2 is now available. USPATFULL contains full text of the <<<
>>> original, i.e., the earliest published granted patents or <<<
>>> applications. USPAT2 contains full text of the latest US <<<
>>> publications, starting in 2001, for the inventions covered in <<<
>>> USPATFULL. A USPATFULL record contains not only the original <<<
>>> published document but also a list of any subsequent <<<
>>> publications. The publication number, patent kind code, and <<<
>>> publication date for all the US publications for an invention <<<
>>> are displayed in the PI (Patent Information) field of USPATFULL <<<
>>> records and may be searched in standard search fields, e.g., /PN, <<<
>>> /PK, etc. <<<

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>>> through the new cluster USPATALL. Type FILE USPATALL to <<<
>>> enter this cluster. <<<
>>> <<<
>>> Use USPATALL when searching terms such as patent assignees, <<<
>>> classifications, or claims, that may potentially change from <<<
>>> the earliest to the latest publication. <<<

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COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	2.80	40.83

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PASSWORD:
TERMINAL (ENTER 1, 2, 3, OR ?):2

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NEWS	6	AUG 30	CASREACT - Enhanced with displayable reaction conditions
NEWS	7	SEP 09	ACD predicted properties enhanced in REGISTRY/ZREGISTRY
NEWS	8	OCT 03	MATHDI removed from STN
NEWS	9	OCT 04	CA/CAplus-Canadian Intellectual Property Office (CIPO) added to core patent offices
NEWS	10	OCT 06	STN AnaVist workshops to be held in North America
NEWS	11	OCT 13	New CAS Information Use Policies Effective October 17, 2005
NEWS	12	OCT 17	STN(R) AnaVist(TM), Version 1.01, allows the export/download of CAplus documents for use in third-party analysis and visualization tools

NEWS EXPRESS	JUNE 13 CURRENT WINDOWS VERSION IS V8.0, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 13 JUNE 2005
NEWS HOURS	STN Operating Hours Plus Help Desk Availability
NEWS INTER	General Internet Information
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NEWS PHONE	Direct Dial and Telecommunication Network Access to STN
NEWS WWW	CAS World Wide Web Site (general information)

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FILE 'HOME' ENTERED AT 15:07:27 ON 19 OCT 2005

=> file medline
COST IN U.S. DOLLARS | SINCE FILE ENTRY | TOTAL SESSION
FULL ESTIMATED COST | 0.21 | 0.21

FILE 'MEDLINE' ENTERED AT 15:07:42 ON 19 OCT 2005

FILE LAST UPDATED: 18 OCT 2005 (20051018/UP). FILE COVERS 1950 TO DATE.

On December 19, 2004, the 2005 MeSH terms were loaded.

The MEDLINE reload for 2005 is now available. For details enter HELP RLOAD at an arrow promt (=>). See also:

http://www.nlm.nih.gov/mesh/
http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html

OLDMEDLINE now back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2005 vocabulary.

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> s mizoribine (L) cancer
254 MIZORIBINE
513258 CANCER
L1 5 MIZORIBINE (L) CANCER

=> d 1-5 bib abs

L1 ANSWER 1 OF 5 MEDLINE on STN
AN 2004210467 MEDLINE
DN PubMed ID: 15108094
TI Allochronic overlapping malignancies after renal transplantation in a patient with p53 gene mutation: report of a case.
AU Kitayama Teruhiko; Marubayashi Seiji; Hayamizu Keisuke; Tashiro Hirotaka; Ohdan Hideki; Ikeda Satoshi; Okimoto Tatsuya; Okajima Masazumi; Kataoka Tuyoshi; Sugino Keizo; Asahara Toshimasa; Fukuda Yasuhiko; Dohi Kiyohiko
CS Department of Surgery, Division of Frontier Medical Science, Programs for Biomedical Research, Graduate School of Biomedical Sciences, Hiroshima University, 1-2-3 Kasumi, Minami-ku, Hiroshima 734-8551, Japan.
SO Surgery today, (2004) 34 (5) 473-6. Ref: 17
Journal code: 9204360. ISSN: 0941-1291.
CY Japan
DT (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW OF REPORTED CASES)
LA English
FS Priority Journals
EM 200409
ED Entered STN: 20040427
Last Updated on STN: 20040911
Entered Medline: 20040910
AB We report a rare case of the development of various tumors over a 16-year period after renal transplantation. A 56-year-old woman underwent renal transplantation using a US kidney. Immunosuppressive treatment consisted of a triple regimen of methylprednisolone, azathioprine, and **mizoribine**. Left breast **cancer** was diagnosed 9 years after the renal transplantation, then colon cancers and meningeal epidermal meningioma were diagnosed, 10 years and 12 years

post-transplant, respectively. During the investigations for the breast and colon cancers, a p53 gene mutation was detected. A deterioration of renal function was found 16 years after the transplant and graft biopsy confirmed chronic rejection. We suggest that the effects of the immunosuppressive drugs combined with the p53 gene abnormality accelerated tumor development in this patient.

L1 ANSWER 2 OF 5 MEDLINE on STN
AN 2003296176 MEDLINE
DN PubMed ID: 12823252
TI Clinicopathological evaluation of renal allografts of four patients by 20-year protocol biopsies.
AU Okamoto Masahiko; Nobori Shuji; Higuchi Atsushi; Kadotani Yayoi; Ushigome Hidetaka; Nakamura Kenji; Akioka Kiyokazu; Omori Yoshihiro; Yoshimura Norio
CS Department of Transplantation and Endocrine Surgery, Kyoto Prefectural University of Medicine, Kyoto 602, Japan.. amoto@koto.kpu-m.ac.jp
SO Clinical transplantation, (2003) 17 Suppl 10 20-4.
Journal code: 8710240. ISSN: 0902-0063.
CY Denmark
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200401
ED Entered STN: 20030626
Last Updated on STN: 20040107
Entered Medline: 20040106
AB Twenty-year protocol biopsies were performed in four cases of renal transplant recipients with grafts that had survived 20 years or more. All four recipients received transplants from their parents, and never had episodes of acute rejection. They were maintained with the conventional immunosuppressive protocol including azathioprine, **mizoribine**, and prednisolone. Three of them had past history of malignant diseases such as breast **cancer** and tongue **cancer**. In spite of fair graft function, the microscopic findings of 20-year protocol biopsy showed various degrees of histological damage; e.g. obsolescence of the glomeruli, glomerulosclerosis, arteriole wall thickening, interstitial fibrosis and tubular atrophy. Although two of the four grafts were functioning with low serum creatinine levels (1.3-1.4 mg dL-1) at 24 years and 26 years following transplantation, respectively, the function of the other two grafts had decreased more than 20 years after transplantation. In the two grafts with decreased function, glomerulosclerosis and arteriole wall thickening tended to be more severe (Banff classification of chronic allograft nephropathy [CAN] grade II and III) at the 20-year protocol biopsy compared with the two well-functioning grafts (CAN grade I and II). We conclude that the protocol biopsies even at 20 years can contribute to predict the fate of renal allografts.

L1 ANSWER 3 OF 5 MEDLINE on STN
AN 2002161607 MEDLINE
DN PubMed ID: 11888933
TI Identification of heat shock protein 60 as a molecular mediator of alpha 3 beta 1 integrin activation.
AU Barazi Heba O; Zhou Longen; Templeton Nancy Smyth; Krutzsch Henry C; Roberts David D
CS Laboratory of Pathology, National Cancer Institute, NIH, Bethesda, Maryland 20892, USA.
SO Cancer research, (2002 Mar 1) 62 (5) 1541-8.
Journal code: 2984705R. ISSN: 0008-5472.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200204
ED Entered STN: 20020315

Last Updated on STN: 20020406
Entered Medline: 20020405

AB The alpha 3 beta 1 integrin is involved in the adhesion of metastatic breast **cancer** cells to the lymph nodes and to osteoblasts in the bone. Regulation of the affinity or avidity of integrins for their ligands may result from conformational changes induced by changes in the microenvironment of the integrin. Two surface proteins, 55 and 32 kDa, coimmunoprecipitated with the alpha 3 beta 1 integrin from breast carcinoma cells. The 55-kDa protein preferentially associated with the active form of the alpha 3 beta 1 integrin. The protein was identified as HSP60 using two-dimensional electrophoresis and mass spectrometry and confirmed by reimmunoprecipitation of the integrin immune complex with an anti-HSP60 antibody. In cell spreading assays on a thrombospondin-1 substrate, addition of exogenous-recombinant HSP60 was sufficient to specifically activate alpha 3 beta 1 integrin but not to activate function of alpha 2 beta 1, alpha v beta 3, alpha 4 beta 1, or alpha 5 beta 1 integrins. Furthermore, **mizoribine**, an HSP60-binding drug, blocked activation of the alpha 3 beta 1 integrin induced by insulin-like growth factor 1 (IGF1) or exogenous recombinant HSP60 and inhibited the association of HSP60 with the integrin. Additionally, inhibiting the surface expression of endogenous HSP60 by nonactin inhibited activation of the alpha 3 beta 1 integrin by IGF1. These data demonstrate that HSP60 binding is sufficient to activate alpha 3 beta 1 integrin function and suggest that association of endogenous HSP60 with alpha 3 beta 1 integrin is necessary for IGF1-induced activation.

L1 ANSWER 4 OF 5 MEDLINE on STN
AN 92231521 MEDLINE
DN PubMed ID: 1373592
TI Modulation of multidrug resistance by immunosuppressive agents: cyclosporin analogues, FK506 and mizoribine.
AU Mizuno K; Furuhashi Y; Misawa T; Iwata M; Kawai M; Kikkawa F; Kano T; Tomoda Y
CS Department of Obstetrics and Gynecology, Nagoya University School of Medicine, Japan.
SO Anticancer research, (1992 Jan-Feb) 12 (1) 21-5.
Journal code: 8102988. ISSN: 0250-7005.
CY Greece
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199205
ED Entered STN: 19920607
Last Updated on STN: 19970203
Entered Medline: 19920519

AB It has recently been reported that an immunosuppressive agent, cyclosporin A, shows a potent overcoming effect on multidrug resistance (MDR). We studied the presence of such a modulating effect of cyclosporin analogues and other immunosuppressive agents, FK506 and **mizoribine**, in human multidrug-resistant ovarian **cancer** cells (TAOV/A0.2). The intensity of the overcoming effect of cyclosporin analogues against adriamycin resistance was found to be in the other of cyclosporin D greater than A greater than C greater than H. It was found that cyclosporin D, which has relatively weak immunosuppressive activity, overcame adriamycin resistance in the multidrug-resistant ovarian **cancer** cells to a remarkable degree. On the other hand, it was found that FK506, a new potent immunosuppressant, could also distinctly modulate adriamycin-resistance. It was found that FK506 conferred chemosensitization upon adriamycin with reincreasing intracellular adriamycin accumulation in MDR cells which was far less than the parent strain. However, in the case of **mizoribine**, no modulation of drug resistance existed. Such modulation was not necessarily accompanied by immunosuppressive activity and the two functions were thought to be based on different mechanisms.

L1 ANSWER 5 OF 5 MEDLINE on STN
AN 90236827 MEDLINE
DN PubMed ID: 2110133
TI Evaluation of mizoribine as an immunosuppressant in subrenal capsule assay using immunocompetent mice.
AU Chen D Y; Kikuchi H; Asamura M; Gamoh M; Wakui A
CS Department of Clinical Cancer Chemotherapy, Tohoku University, Sendai.
SO Japanese journal of cancer research : Gann, (1990 Feb) 81 (2) 183-7.
Journal code: 8509412. ISSN: 0910-5050.
CY Japan
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199006
ED Entered STN: 19900706
Last Updated on STN: 19900706
Entered Medline: 19900607
AB We studied the application of **mizoribine** (MZR) to normal immunocompetent mice in subrenal capsule assay (SRCA) by means of tumor growth curve determination, histological analysis and autoradiography. At 400 mg/kg, MZR prolonged the actual tumor growth and moderately reduced the host reaction. Doses below 200 mg/kg did not effectively suppress the host reaction. The maximal weight loss of mice in the 400 mg/kg group reached 29%, but did not exceed 10% within 8 days. Hence, we applied 400 mg/kg of MZR to SRCA for up to eight days for **cancer** chemotherapy testing. This dose of MZR did not affect the labeling index of tumor cells compared with the control.

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---Logging off of STN---

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Executing the logoff script...

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COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	5.28	5.49

STN INTERNATIONAL LOGOFF AT 15:14:35 ON 19 OCT 2005